

11/15/2023

RECEIVED

2023 NOV 17 AM 10:02

CLERK
US BANKRUPTCY COURT
DISTRICT OF DELAWARE

SA Claim #51247

Claim Received: 11/09/2020

Chief Judge Silverstein,

My claim was submitted in a timely fashion. I received confirmation via email (attached) with a claim number and claimant identifier.

I had not heard anything, so I contacted Omni Agent Solutions who sent me an email confirming things were submitted but that they were blank. (Email copy attached). Apparently, my claim was voided.

I am requesting a motion to resubmit claim 51247. All of the information was filled out in November 2020 and is attached.

Please contact me with any other information that you may need. [REDACTED]

Sincerely,

[REDACTED]

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

BOY SCOUTS OF AMERICA AND
DELAWARE BSA, LLC,¹

Debtors.

Chapter 11

Case No. 20-10343 (LSS)

(Jointly Administered)

SEXUAL ABUSE SURVIVOR PROOF OF CLAIM

This Sexual Abuse Survivor Proof of Claim must be submitted and received by **5:00 p.m. (Eastern Time) on November 16, 2020**. Please carefully read the following instructions included with this SEXUAL ABUSE SURVIVOR PROOF OF CLAIM and complete ALL applicable questions to the extent of your knowledge or recollection. If you do not know the answer to an open-ended question, you can write "I don't recall" or "I don't know." If a question does not apply, please write "N/A." If you are completing this form in hard copy, please write or type clearly using blue or black ink.

The Sexual Abuse Survivor Proof of Claim must be delivered to Omni Agent Solutions, the Court-approved claims and noticing agent (the "Claims Agent"), by either:

- (i) Hand delivery, first class mail, or courier the *original* proof of claim to: BSA Abuse Claims Processing, c/o Omni Agent Solutions, 5955 De Soto Ave., Suite 100, Woodland Hills, CA 91367, so that it is *received* on or before **November 16, 2020 at 5:00 p.m. (Eastern Time)**;² or
- (ii) Electronically using the interface available at: www.OfficialBSAClaims.com on or before **November 16, 2020 at 5:00 p.m. (Eastern Time)**.

Sexual Abuse Survivor Proofs of Claim sent by email or facsimile transmission **will not** be accepted.

"You" and/or "Sexual Abuse Survivor" refers to the person asserting a Sexual Abuse Claim against the Boy Scouts of America ("BSA") related to the Sexual Abuse Survivor's sexual abuse. For this claim to be valid, the Sexual Abuse Survivor must sign this form. If the Sexual Abuse Survivor is deceased or incapacitated, the form must be signed by the Sexual Abuse Survivor's representative or the attorney for the Sexual Abuse Survivor's estate. If the Sexual Abuse Survivor is a minor, the form must be signed by the survivor's parent or legal guardian or attorney. Any Sexual Abuse Survivor Proof of Claim signed by a representative or legal guardian must attach documentation establishing such person's authority to sign the claim for the Sexual Abuse Survivor.

Who Is a Sexual Abuse Survivor?

For purposes of this Sexual Abuse Survivor Proof of Claim, the term **Sexual Abuse Survivor** refers to a person who was sexually abused *before* turning eighteen (18) years of age.

Who Should File a Sexual Abuse Survivor Proof of Claim?

This Sexual Abuse Survivor Proof of Claim is only for people who were sexually abused before turning eighteen (18) years of age and where the sexual abuse (defined below) occurred on or before February 18, 2020. This Sexual Abuse Survivor Proof of Claim

¹ The Debtors in these chapter 11 cases, together with the last four digits of each Debtor's federal tax identification number, are as follows: Boy Scouts of America (6300) and Delaware BSA, LLC (4311). The Debtors' mailing address is 1325 West Walnut Hill Lane, Irving, Texas 75038.

² If you are mailing your Sexual Abuse Survivor Proof of Claim, do not attach original documents with your Sexual Abuse Survivor Proof of Claim.

is the way you assert an unsecured claim against BSA seeking damages based on Scouting-related sexual abuse. Any person asserting a claim based on anything other than childhood sexual abuse should use the General Proof of Claim form (official bankruptcy form 410).

What Is Sexual Abuse?

For the purposes of this Sexual Abuse Survivor Proof of Claim, **sexual abuse** means, with respect to a child under the age of eighteen (18) at the time of the sexual abuse, sexual conduct or misconduct, sexual abuse or molestation, sexual exploitation, sexual touching, sexualized interaction, sexual comments about a person's body, or other verbal or non-verbal behaviors that facilitated, contributed to, or led up to abuse, regardless of whether or not such behavior was itself sexual or against the law, and regardless of whether the child thought the behavior was sexual abuse at the time. Sexual abuse includes behavior between a child and an adult and between a child and another child, in each instance without regard to whether such activity involved explicit force, whether such activity involved genital or other physical contact, and whether the child associated the abuse with any physical, psychological, or emotional harm. It involves behaviors including penetration or fondling of the child's body, other body-on-body contact, or non-contact, behaviors such as observing or making images of a child's naked body, showing or making pornography, or having children behave in sexual behavior as a group.

If you have a claim arising from sexual abuse and you were at least eighteen (18) years of age at the time the sexual abuse began or if you have a claim arising from other types of abuse, including non-sexual physical abuse, non-sexual emotional abuse, bullying or hazing, you should consult the *Notice of Deadlines Requiring Filing of Proof of Claim* and file a General Proof of Claim (Official Bankruptcy Form 410).

For the avoidance of doubt, if you have a claim for sexual abuse and you were a child under the age of eighteen (18) when the sexual abuse began you must complete this form.

You May Wish to Consult an Attorney Regarding This Matter.

You may also obtain information from the Claims Agent by: (1) calling toll free at 866-907-2721, (2) emailing at BSAInquiries@omniagnt.com, or (3) visiting the case website at www.OfficialBSAClaims.com (do not contact the Claims Agent for legal advice).

What If I Don't File on Time?

Failure to complete and return this Sexual Abuse Survivor Proof of Claim by November 16, 2020 at 5:00 p.m. (Eastern Time) may result in your inability to vote on a plan of reorganization and/or to receive a distribution from this bankruptcy for sexual abuse related to BSA.

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

PART 1: CONFIDENTIALITY

Unless you indicate below, your identity and your Sexual Abuse Survivor Proof of Claim will be kept **confidential**, under seal, and outside the public record. However, information in this Sexual Abuse Survivor Proof of Claim will be confidentially provided, pursuant to Court-approved guidelines, to the Debtors, the Debtors' counsel and retained advisors, certain insurers of BSA, the Tort Claimants' Committee, counsel to the Ad Hoc Committee of Local Councils (with personally identifiable information redacted), individual Local Councils solely with respect to Sexual Abuse Claims asserted against them, attorneys at the Office of the United States Trustee for the District of Delaware, the Future Claimants' Representative, the Court, and confidentially to such other persons that the Court determines need the information in order to evaluate the claim. Information in this Sexual Abuse Survivor Proof of Claim may be required to be disclosed to governmental authorities under mandatory reporting laws in many jurisdictions.

This Sexual Abuse Survivor Proof of Claim (along with any accompanying exhibits and attachments) will be maintained as confidential unless you expressly request that it be publicly available by checking the "public" box and signing below.

☐ **PUBLIC:** I want my identity and this Sexual Abuse Survivor Proof of Claim (together with any exhibits and attachments) to be made part of the official claims register in these cases. My claim will be available for review by any and all members of the public.

Signature: [REDACTED]

Print Name: [REDACTED]

PART 2: IDENTIFYING INFORMATION**A. Identity of Sexual Abuse Survivor**

First Name [REDACTED] Middle Initial [REDACTED] Last Name [REDACTED] Jr/Sr/III _____

Mailing Address (If Sexual Abuse Survivor is incapacitated, is a minor, or is deceased, provide the address of the individual submitting the claim. If you are in jail or prison, provide the address of your place of incarceration):

Number and Street:		[REDACTED]	
City:	LAKE ANGELUS	State:	MI
Country (not USA):		Zip Code:	48326
Telephone (Home):	[REDACTED]	Email Address:	[REDACTED]
		Telephone (Cell):	3AMZ

For communications regarding this claim you may use (check the appropriate boxes):

Email ☒ US Mail ☒ Home Voicemail ☒ Cell Voicemail ☒ Counsel listed below ☐Social Security Number of Sexual Abuse Survivor (last four digits only): XXX-XX-8184

If the Sexual Abuse Survivor is in jail or prison, provide the Sexual Abuse Survivor's identification number: _____

Birthdate of Sexual Abuse Survivor (only the month and year): (MM/YYYY): 01/1985

Any other name, or names, by which the Sexual Abuse Survivor has ever been known: _____

Gender of Sexual Abuse Survivor: Male ☒ Female ☐ Other (specify) _____**B. If you have hired an attorney relating to the sexual abuse described in this Sexual Abuse Survivor Proof of Claim, please provide his or her name and contact information:**

Law Firm Name:		[REDACTED]	
Attorney's Name:		[REDACTED]	
Internal Claim or Claimant Identifier (if applicable):		[REDACTED]	
Number and Street:		[REDACTED]	
City:	[REDACTED]	State:	[REDACTED]
Country (not USA):	[REDACTED]	Zip Code:	[REDACTED]
Telephone (Work):	[REDACTED]	Email Address:	[REDACTED]
		Fax No.	[REDACTED]

PART 3: BACKGROUND INFORMATION FOR SEXUAL ABUSE SURVIVOR**A. Marital/Domestic Partner History:**

- a. Have you ever been married? Yes ☒ No ☐
- b. If yes, please provide:
- i. Length of time you were/have been married: 22 years
- ii. Current marital status: Married
- c. If your marriage has ended, please specify whether your marriage ended by: divorce ☐ or death of your spouse ☐

B. Education History:

- a. What is your highest level of education completed or degree obtained?
- High School ☐ Associates ☐ Bachelors ☐ Masters ☐ Doctoral ☒ Other _____
- b. Educational institution(s): University of Michigan, University of Detroit

C. Employment:

- a. What is your current employment status:
- ☒ Employed – Occupation: Dentist
- ☐ Retired – Former Occupation: _____
- ☐ Unemployed – Former Occupation: _____
- ☐ Disabled – Former Occupation: _____
- ☐ Other: _____

D. Military service:

- a. Have you ever served in the military? Yes ☐ No ☒
- b. If yes, please provide the following information:
- c. Branch(es) of service: _____
- d. Years of service in each: _____
- e. Rank at discharge for each: _____
- f. Nature of discharge for each (e.g., honorable): _____
- _____
- _____

E. Involvement with Scouting:

- a. Have you ever been affiliated with Scouting and/or a Scouting program?

Yes ☒ No ☐b. When were you involved with Scouting? 1973 to 1979 approximately

c. What type of Scouting unit (i.e., troop) were you involved with, and, if you recall, when you were involved and what was your troop or unit number?

☒ Boy Scouts Troop 1604 1975 - 1979☒ Cub Scouts Troop? 1604 - 1973 - 1975☐ Exploring Scouts _____☐ Sea Scouts _____☐ Venturing _____☐ Other (please explain your involvement with Scouting):

_____**PART 4: NATURE OF THE SEXUAL ABUSE**

(Attach additional sheets if necessary)

For each of the questions listed below, please complete your answers to the best of your recollection.

Note: If you have previously filed a lawsuit about your Scouting-related sexual abuse in state or federal court, you may attach a copy of the complaint. If you have not filed a lawsuit, or if the complaint does not contain all of the information requested below, you must provide the information below to the extent of your recollection.

Please answer each of the following questions to your best ability. If you do not know or recall, please so indicate.

If you are the survivor of sexual abuse by more than one sexual abuser, please respond to each of the questions in this Part 4 for each sexual abuser.

A. Please answer "Yes" or "No" to each of the following:

i. Were you sexually abused by more than one person? Yes ☐ No ☒ii. Were you sexually abused in more than one state? Yes ☐ No ☒

B. Please name each person who sexually abused you in relation to your involvement in Scouting. ("Scouting" includes Cub Scouts, Boy Scouts, Exploring Scouts, Sea Scouts and Venturing.)

If you do not remember the name of the sexual abuser(s), provide as much identifying information about the sexual abuser(s) that you can recall, such as their approximate age and their relationship to Scouting (e.g., the Scoutmaster of Troop 100, another Troop member of Troop 200, camp staff member, etc.).

Abuser -

Coutmaster Troop

1604 Royal Oak, MI

- C. Other than the sexual abuser(s), please identify any person(s) you can remember who were leaders or other adults involved in your Scouting unit or the camp(s) you attended.

[REDACTED] - adult leader, can't recall title.

- D. What was each sexual abuser's position, title, or relationship to you in Scouting (check all that apply)?

- ☒ Adult Scout leader in my Scouting unit
- ☐ Adult Scout leader not in my Scouting unit
- ☐ Youth Scout in my Scouting unit
- ☐ Youth Scout not in my Scouting unit
- ☐ Camp personnel (e.g., camp staff) not in my Scouting unit
- ☐ I don't know
- ☐ Other (please explain why you believe the person(s) who sexually abused you had a relationship with Scouting):

- E. Where were you at the time you were sexually abused (city, state, territory and/or country)?

Various cities, counties in Michigan

- F. What was the type of Scouting you were involved with during the sexual abuse (check all that apply)?

- ☒ Boy Scouts
- ☐ Cub Scouts
- ☐ Exploring Scouts
- ☐ Venturing
- ☐ Sea Scouts
- ☐ Other (please explain why you believe you had a connection to Scouting during the sexual abuse):

- G. What was the Scouting unit number and physical location (city, state, territory and/or country) of the Scouting unit(s) or provisional troop you were in during the time of the sexual abuse?

Troop 1604, Royal Oak, Mi

- H. What was the name and location (city, state, territory and/or country) of the organization that chartered or sponsored your Scouting unit, including the organization that hosted meetings of your Scouting unit, during the time of the sexual abuse (e.g., church, school, religious institution, or civic group)?

(Note that such organizations are not currently parties to the bankruptcy so if you believe you may have a claim against any such organization you must take additional action to preserve and pursue any such claim.)

Starr Elementary School, Royal Oak school district, mi

- I. What was the name of the BSA Local Council(s) affiliated with your Scouting unit(s), any Boy Scout camp or other Scouting activity during the time of the sexual abuse?

(Note that such BSA Local Councils are not currently parties to the bankruptcy so if you believe you may have a claim against any such BSA Local Council(s) you must take additional action to preserve and pursue any such claim.)

I Do not Recall local council name

- J. In which of the following places did the sexual abuse take place? Check all that apply.

☒ At or in connection with a Scout meeting.

☒ At or in connection with a Scout camp.

☐ At or in connection with another Scouting-related event or activity (please explain):

☒ Other (please explain – for example, schools, churches, cars, homes or other locations):

Abuser's Home, Trailer in yard in
Clawson, mi

- K. When did the first act of sexual abuse take place? If you do not remember the calendar date, what school grade were you in at the time and what season of the year was it (spring, summer, fall, winter), and what age were you when it started? If the sexual abuse took place over a period of time, please state when it started and when it stopped. If you were sexually abused by more than one sexual abuser indicate when the sexual abuse by each of the sexual abusers started and stopped.

see attached.

- L. Please describe what happened to you. You can provide a description in your own words and/or use the checkboxes below.

- i. About how many times were you sexually abused?

☐ I was sexually abused once.

☒ I was sexually abused more than once.

If you were sexually abused more than once, please state how many times (if you recall): See attached.

M. Please describe what happened to you. You can provide a description in your own words and/or use the checkboxes below. (Check all that apply.) **Please note that the boxes are not meant to limit the characterization or description of your sexual abuse.**

i. What did the sexual abuse involve?

☒ The sexual abuse involved touching outside of my clothing.

☒ The sexual abuse involved touching my bare skin.

☒ The sexual abuse involved fondling or groping.

☒ The sexual abuse involved masturbation.

☐ The sexual abuse involved oral copulation / oral sex.

☒ The sexual abuse involved the penetration of some part of my body.

ii. Did any of the following occur in connection with the sexual abuse:

☒ The acts of sexual abuse against me also involved other youth.

☒ The sexual abuse involved photographs or video.

☒ Even though I did not want it, my body responded sexually to the sexual abuse.

☒ The sexual abuse involved actual or implied threats of violence or other adverse consequences if I disclosed the sexual abuse.

☐ The sexual abuse involved gifts, privileges, experiences, and other rewards or bribes in addition to the activities and awards normally part of Scouting.

☒ The sexual abuser(s) made my family think they could be trusted.

☐ At the time of the sexual abuse, my family or I had significant financial, social, behavioral or other challenges.

If you wish to provide a narrative, please describe the sexual abuse in as much detail as you can recall in the lines below. You may attach additional pages if needed.

See attached

When did the first act of sexual abuse take place?

I would estimate the first of the abuse incidents were in 1976 during the transition from Cub Scouts/Webelos to the Boy Scouts troop 1604. I was 10, 11 years old. The various acts of abuse continued for several years until the abuser was not at meetings anymore, and the troop was shut down in I believe was late 1979.

The number of separate abuse incidents I estimate were more than 10. Every birthday there was a "birthday spanking". Privately he would tell me to follow him in a school bathroom during a meeting, lock the door, telling me to pull my pants and underwear down to the ankles, staring at me, turning me as if modeling. Then he would push you down and onto his lap, physically spank my bare buttocks, with my genitals between his knees or thighs. Then he would tell you to get back to the meeting. Sometimes this was done as if I was said to have done poorly on a skill test with knots, etc or it was done as a penalty or punishment, such as at summer camp at Lost Lake Scout camp, I forgot to secure the trash cans.

Then there was the "try on of used scouting clothes" in a camping trailer in the scoutmasters' backyard. This happened a few times a year. There you stripped nude and he handed you scout clothing to try on and "model" and he would feel your genitals with and without pants on. I remember many of the pants were obviously too small but he insisted. Then it would finish with a spanking laying naked face down with my genitals in his lap (he was clothed). He would pick me up and take me to my home even, and told my Mom while he was stopped in the driveway dropping me off, he was glad to help reduce the cost of scout clothing by "passing them on" as she thanked and handed him my old scout scout clothing.

There were several "inspections" over time combined with the above locations that the abuser claimed was a "physical" to check my growth and see if I was ready to go to summer camp, and involved grabbing and yanking of penis and scrotum, and a parting of my buttocks and finger probing of my anus and anal area.

Probably the worst incident of abuse was at a weekend campout at D-Bar-A scout ranch in Metamora, Mi. Probably January 1978. Very cold, almost 0 degrees. The plan was everyone (about 7 scouts) to spend the night in some tents to get a special "polar bear" patch, even though we had a warm cabin to stay in. That Saturday night of the weekend I was getting a cold and didn't feel great, so the abuser said I was to stay in the cabin with him. The other 2-3 adults were in the tents with the other scouts. When we were alone, he sits on the lower bunk next to me, I was in my sleeping bag. He unzips my sleeping bag, tells me to totally strip nude and lay back, as he needed to do a "full physical". He tells me I'm "growing into a man" and proceeds to grab my penis and scrotum, rubbing and pulling. He had a partially missing index finger, a stump, I remember. After a few minutes of this masturbation, I had not really become erect. It seemed to be his goal. He then stated "You better learn how to get your penis hard or the girls won't like you" He then got up and left me alone. I felt totally humiliated.

Impact of the abuse

It seems looking back the abuser tried to "normalize" the incidents at the time, as perhaps "initiation" and a normal part of the scouting experience. Other times it was an outright punishment for some

claim 51247

reason. I was a quiet child, quite introverted and worried about fitting in. I liked Scouting. The fishing, camping, the fun things. I thought about quitting at times, but my parents thought it was good for me, I didn't want to disappoint them it seemed. Looking back I can't believe how it happened again and again.

As an adult it seemed my encounters with girls often led to my mental block of erectile difficulties, more and more often I wondered if the night of being told "don't disappoint the girls" had an strange enigma over it. In undergrad at the University of Michigan I sought to talk to a mental health counselor several times after a breakup with a girlfriend. I expressed my concerns for the breakup as I often had ED difficulties, in the end the counselor said it can happen to anyone. The facts and thoughts still hung with me. Still even in marriage, my understanding wife and prescriptions for ED help but still is frustrating at times, as my wife and I sought marriage counseling for a time and discussed this, but I had never brought up the scouting issue in counseling. Only now does my wife know about it. I still wonder why I didn't fight back, stop the abuse, and quit Scouting. I wish I had.

Claim 51247

N. Did you or anyone on your behalf tell anyone involved in Scouting about the sexual abuse at or about the time of the sexual abuse? Yes ☐ No ☒

O. Did you or anyone on your behalf report the sexual abuse to law enforcement or investigators at or about the time of the sexual abuse? Yes ☐ No ☒

P. If you can remember anyone you may have ever told about the sexual abuse at the time, including anyone involved with Scouting, friends, relatives, and/or law enforcement, please list their name and when you told them.

Other scouts in the troop, sometimes we would make a comment to other scouts about being "spanked" but we never spoke in detail, I think it was too embarrassing beyond saying things like - "did he get you", "yeah" we all knew what it meant.

Q. Did you have any relationship with your sexual abuser outside of Scouting? Check all that apply:

☐ Religious organization leader, member, volunteer

☐ Family member or relative

☐ Coach/athletics

☐ Teacher

☐ Neighbor

☐ Other (please explain and add any other information you remember to the categories above):

R. Are you aware of anyone who knew about the sexual abuse?

I think most all of the scouts in the troop were abused.

PART 5: IMPACT OF SEXUAL ABUSE

(Attach additional pages if necessary)

(If you currently cannot describe any harm you have suffered on account of the sexual abuse, you may omit this section for now. However, you may be asked to provide the information requested at a later date.)

- A. Please describe how you were impacted, harmed, damaged, or injured in ways that you now connect as being related to the sexual abuse you described above. (Check all that apply.) You can provide a description in your own words and/or use the checkboxes below. **Please note that the boxes are not meant to limit the characterization or description of the impact(s) of your sexual abuse.**

☒ Psychological / emotional health (including depression, anxiety, feeling numb, difficulty managing or feeling emotions including anger)

☒ Post traumatic stress reactions (including intrusive images, feelings from the abuse, numbing or avoidance behaviors)

☐ Physical health (including chronic disease, chronic undiagnosed pain or physical problems)

☐ Education (including not graduating high school, being unable to finish training or education)

☐ Employment (including difficulties with supervisors, difficulty maintaining steady employment, being fired from jobs)

☒ Intimate relationships (including difficulty maintaining emotional attachments, difficulty with sexual behavior, infidelity)

☒ Social relationships (including distrust of others, isolating yourself, not being able to keep healthy relationships)

☐ Alcohol and/or substance abuse (including other addictive behavior such as gambling)

☐ Other (please explain and add any other information you remember to the categories above)

If you wish to provide a narrative, please describe how you were impacted, harmed, damaged, or injured in ways that you now connect as being related to the sexual abuse you described above in as much detail as you can recall in the lines below. You may attach additional pages if needed.

- B. Have you ever sought counseling or other mental health treatment for any reason?

Yes ☒ No ☐

If your response to the prior question is "Yes," please identify the name of each person who provided you with counseling or mental health treatment, their location, the type of counseling or treatment and the estimated dates/time period of counseling or treatment. If you were prescribed medication in connection with such counseling or mental health treatment, please list the name of the medication and how long you took that medication.

PART 6: ADDITIONAL INFORMATION

A. **Prior Litigation.**

- i. Was a lawsuit regarding the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim filed by you or on your behalf.

Yes ☐ No ☒ (If "Yes," you are required to attach a copy of the complaint.)

B. **Prior Bankruptcy Claims.** Have you filed any claims in any other bankruptcy case relating to the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim? Yes ☐ No ☒ (If "Yes," you are required to attach a copy of any completed claim form.)

C. **Payments.** Have you received any payments related to the sexual abuse you have described in this Sexual Abuse Survivor Proof of Claim from any party, including BSA? Yes ☐ No ☒

- i. If yes, how much and from whom? _____

D. **Current Bankruptcy Case.** Are you currently a debtor in a bankruptcy case? Yes ☐ No ☒

- i. If yes, please provide the following information:

Name of Case: _____ Court: _____

Date filed: _____ Case No. _____

Chapter: 7 ☐ 11 ☐ 12 ☐ 13 ☐ Name of Trustee: _____

[Signature page follows – you must complete and sign the next page]

SIGNATURE

To be valid, this Sexual Abuse Survivor Proof of Claim must be signed by you. If the Sexual Abuse Survivor is deceased or incapacitated, the form must be signed by the Sexual Abuse Survivor's representative or the attorney for the Sexual Abuse Survivor's estate. If the Sexual Abuse Survivor is a minor, the form must be signed by the Sexual Abuse Survivor's parent or legal guardian, or the Sexual Abuse Survivor's attorney. (Any form signed by a representative or legal guardian must attach documentation establishing such person's authority to sign this form for the Sexual Abuse Survivor.)

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

- ☒ I am the Sexual Abuse Survivor.
- ☐ I am the Sexual Abuse Survivor's attorney, guardian, kinship (or other authorized) caretaker, executor, or authorized representative.
- ☐ Other (describe): _____

I have examined the information in this Sexual Abuse Survivor Proof of Claim and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing statements are true and correct.

Date:

11/9/20

Signature:

Print Name:

Relationship to Sexual Abuse Survivor (if not signed by Sexual Abuse Survivor): _____

Address: _____

Contact Phone: _____

Email: _____

To: [REDACTED]
Cc: BSAInquiries <bsainquiries@omniagnt.com>
Sent: Thursday, November 12, 2020, 05:40:01 PM EST
Subject: Proof of Claim submission confirmation in the matter of Boy Scouts of America

EMAIL

The Sexual Abuse Survivor Proof of Claim in the matter of Boy Scouts of America (Case # 20-10343) has been successfully submitted as follows for your client:

Case Number: 20-10343
Debtor: Boy Scouts of America

Date Received
SA Claim No
Claimant Identifier

11/09/2020 UTC
51247
ionize3436

As the designated claims agent in this matter, Omni Agent Solutions is responsible for maintaining the official court docket. Pursuant to the Bar Date Order [Docket No. 695], Sexual Abuse Survivor Proofs of Claim will not be available to the public on the court docket unless your client has elected on the claim form to publicly release their identity and their Sexual Abuse Survivor Proof of Claim.

[Click here to submit another claim.](#)

If you or someone you know did not initiate this claim submittal, you should contact us immediately atcontact@omniagnt.com.

Claim

51247

Boy Scouts of America Claim Upload Confirmation
Nov 9, 2020 at 1:17 PM
PrintRaw message

EMAIL

documentsend@omniagnt.com

To: [REDACTED]

Omni Agent Solutions Logo

Your Sexual Abuse Survivor Proof of Claim in the matter of Boy Scouts of America (Case # 20-10343) has been successfully submitted.

Claim Identifier: ionize3436

You will receive a second email with your claim number within seven (7) calendar days.

As the designated claims agent in this matter, Omni Agent Solutions is responsible for maintaining the official court docket. Pursuant to the Bar Date Order [Docket No. 695], Sexual Abuse Survivor Proofs of Claim will not be available to the public on the court docket unless you have elected on your claim form to publicly release your identity and your Sexual Abuse Survivor Proof of Claim.

If you or someone you know did not initiate this claim submittal, or if you have questions about the handling or processing of your claim, you should contact us at contact@omniagnt.com.

[Click here to submit another claim.](#)

Claim

51247

Client Support <clientsupport@omniagnt.com>

To: [REDACTED]
Cc: BSAINquiries@omniagnt.com <bsainquiries@omniagnt.com>

2 Files 394k B Download All

EMAIL

Hello,

Thank you for contacting Omni Agent Solutions.

We can confirm your claim was received and is assigned Claim number 51247. However, the Proof of Claim form we received from you on 11/9/2020 was blank. We can confirm that the claim was timely-filed and is associated with the email address [REDACTED]

All Proofs of Claim have been transferred to the Scouting Settlement Trust. To amend your Proof of Claim, please contact the Scouting Settlement Trust.

A website has been set up by the trustee that she and her committee will update with up-to-date information regarding the Settlement Trust and the procedures that follow it. It can be found at Home (scoutingsettlementtrust.com).

To answer any questions or concerns that are not answered on their FAQ page, you can contact the Trust by completing the form on the Contact Us page, sending an email to info@scoutingsettlementtrust.com, calling the Trust toll-free at 1-833-961-6495, or sending mail to the following address:

Scouting Settlement Trust
P.O. Box 50157
McLean, VA 22102

Sincerely,

Omni Agent Solutions, Inc.
5955 De Soto Ave., Suite 10008
Woodland Hills, CA 91367

Claim

51247